REGION FOUR STATEMENT OF SPECIAL INSPECTIONS

PROJECT NAME & ADDRESS						
PERMIT APPLICAN	Т					
ADDRESS						
PHONE NO:						
CELL NO.						
E-MAIL						
FAX-NO						
STRUCTURAL ENGINEER OF RECORD						
ADDRESS						
PHONE NO:						
CELL NO.						
E-MAIL				•		
FAX-NO						
ARCHITECT OF RE	CORD			•		
ADDRESS		•				
PHONE NO:						
CELL NO.						
E-MAIL						
FAX-NO						
PERMIT#						
PREPARED BY:			9			
]				SEAL	
SPECIAL INSPECTOR (PRINT)						
CI CI				ADDI ICANTI	C CICNATUDE & DATE	
SI SIGNATURE & DATE APPLICANT'S SIGNATURE & DATE						
RDP OF REC			OWNER'S A	ITHORIZATIO	ON (IF NOT APPLICANT)	
RDP OF RECORD SIGNATURE & DATE OWNER'S					OTTORIZATIO	M (II NOT ALL ELOAIVI)
SER OF REC		BUILDING OFFICIAL'S ACCEPTANCE & DATE				
This Statement of Special Inspections is submitted as a condition for permit issuance in accordance with the International Building Code (IBC) as stated in the Virginia Uniform Statewide Building Code (USBC). The Special Inspector shall keep records of all inspections, and shall furnish inspection and correction reports to the Building Official, RDP of Record, Owner and Contractor.						
NOTE: All fees and costs related to the performance of special professional services, I.E. Special Inspections,						
shall be the responsibility of the owner.						

ENCLOSURE (1) ADOPTED NOV 2008